TOPA



Colleen McCabe, PharmD, BCOP Clinical Pharmacy Specialist, Sarcoma & Melanoma Vanderbilt University Medical Center

TOPA

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Objectives

- Describe the role of mTOR inhibitors in the treatment of adult sarcoma
- Recognize how to manage common toxicities of mTOR inhibitors in adult sarcoma

TOPA

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	Sirolimus	
		0%
	Temsirolimus	
		0%
SJ is a 63-year-old female with a PMH of HTN who recently underwent an elective	Nab-sirolimus	
perivascular epithelioid cell tumor (PEComa) and she was referred to medical		0%
oncology. Chest CT was positive for metastatic disease.	Doxorubicin	
		0%



SJ is a 63-year-old female with a PMH of HTN who recently underwent an elective hysterectomy. Post surgical pathology revealed perivascular epithelioid cell tumor (PEComa) and she was referred to medical oncology. Chest CT was positive for metastatic disease.

• Dr. McCabe has received consultant fees from

• All financial relationships listed for this individual

Which of the following is the preferred treatment option for this patient?

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Disclosures

Daiichi-Sankyo.

Patient Case

have been mitigated.







Pro	evious Treatm	ent La	ndscape	
	Treatment Regimen	ORR [%]	Median PFS [months]	
	Gemcitabine-based	20	3.4	
	Anthracycline-based	13	3.2	
	VEGFR inhibitors	8.3	5.4	
	PFS: progression-free survival VEGFR: vascular endothelial grov	vth factor		
			Sanfilippoet al.	Clin Cancer Res 20 25(17):5295-53









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AMPECT Study (2021)

Phase II, multicenter, open-label, single-arm study (n = 34)
 Metastatic PEComa, mTOR inhibitor treatment-naive

Treatment

 Nab-sirolimus 100 mg/m² given as an IV infusion over 30 minutes on days 1 and 8 of each 21-day cycle

• Efficacy

- ORR was 39% (95% CI, 22-58) 1 CR and 11 PR • 52% of patients had stable disease
- . .

• Safety

No grade 4 or greater AEs were reported
 Most common: stomatitis/mucositis, fatigue, rash





-					
ety Most Commo	Most Common Advarse Reactions				
Adverse Event	All grades [%]	Grade ≥ 3* [%]			
Stomatitis/Mucositis	79	18			
Fatigue	68	2.9			
Rash	68	0			
Infections	59	12			
Nausea	50	0			
Edema	50	2.9			
Diarrhea	47	2.9			
Weight loss	47	0			
Musculoskeletal pain	47	2.9			
Vomiting	32	2.9			
Abdominal pain	29	6			
Hypertension	29	2.9			
Alopecia *no adverse reactions of Grade	24 4 or 5 were observed	0			
*sorted by all grade frequency		Wagner et			





Safety	,				
Most Common Lab Abnormalities					
	Abnormality	All grades [%]	Grade ≥ 3* [%]		
	Decreased lymphocytes	82	21		
	Decreased hemoglobin	68	6		
	Increased creatinine	82	0		
	Increased triglycerides	52	0		
	Increased cholesterol	48	3		
*	Increased ALT	47	2.9		
*	Increased AST	32	2.9		
	Increased lipase	12	6		
	Decreased potassium	44	12		
	Increased glucose	12	12		
	ALT: alanine aminotransferase; AST: aspartate transaminase				
			Wagner et Fyarro (pac	al. J Clin Oncol 2021. 39(33) kage insert). Pacific Palisad Bioscienc	















Patient Case Continued

SJ is a 63-year-old female with a PMH of HTN who recently underwent an elective hysterectomy. Post surgical pathology revealed perivascular epithelioid cell tumor (PEComa) and she was referred to medical oncology. Chest CT was positive for metastatic disease.

SJ starts therapy with *nab*-sirolimus 100 mg/m² given as an IV infusion over 30 minutes on days 1 and 8 of each 21-day cycle

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(normal range: 0.2-1.2) How would you manage this? Hold 0% Continue treatment - no changes 0% Dose reduce today 0% Dose reduce today 0% Discontinue permanently 0% Discontinue permanently 0%

After completion of 2 cycles, SJ's labs are AST 2x ULN, ALT 2.5x ULN, bilirubin 0.2 mg/dL

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Financial Impact

• Estimated WAC price for 1 x 100mg vial: \$6,785							
	BSA [m²]	Vials Requi	red (per r cycle)	Estimated patient p	d Cost (per per cycle)	Estimate patient	ed Cost (per per year)*
	1.1 to 2.00	4		\$27,140		\$461,380	
	2.01 to 3.00			\$40,710		\$692,070	
 Using the estimate of 3 patients receiving <i>nab</i>-sirolimus per year 							
		BSA [m ²]	Vials Required (total per year) 204		Estimate (total per	d Cost vear)*	
		1.1 to 2.00			\$1,384	,140	
		2.01 to 3.00	3	06	\$2,076	,210	
*Assuming 17 cycles per patient per year							

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Conclusions

- PEComa is an ultra-rare disease state with limited treatment options
- Nab-sirolimus is a novel medication formulation developed to increase intra-tumoral drug accumulation of sirolimus
- Nab-sirolimus is the first and only medication approved for this indication
- Toxicity management and financial implications are realworld limitations to treatment

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terminums. In: envyarinasisem musijuai esperience: Anincarine: nes. 2014/01/34(1)3405%. Pmil. 24962364.
 https://www.hsppharma.com/news/albumin-bound-rapamycin-nab-sirolimus-is-app-35820494.html
 https://www.medscape.com/s/viewarticle/830226_2

